State of Michigan DEPARTMENT OF STATE Office of the Great Seal

## Notary Complaint Form

Please attach to this form photocopies of any relevant documents that relate to this complaint. **Do not send originals**. (*Please print legibly*.)

l.	Your NameStreet Address
	City/State/Zip
	Daytime Phone Number
	Summary of Complaint: (Briefly describe your complaint / You may continue on back of form)
	Notary Name
	Street Address
	City/State/Zip
	Daytime Phone Number
	Commission Expiration Date
	Have you contacted the notary? Yes $\square$ No $\square$
	How? Mail Phone In Person
	Date:
	Notaries Response:
	Date of Response:
	Has this complaint been submitted to another agency or attorney? Yes No If yes, please provide name and address and any other pertinent information.
	Is court action pending? Yes No
	ase Read the Following Before Signing Below iling this complaint, I understand that the Office of the Great Seal is not my private attorney. I
nde iv	erstand that if I have any questions concerning my legal rights or responsibilities, I should conta ate attorney. I have no objection to the contents of this complaint being forwarded to the person complaint is directed against. The above complaint is true and accurate to the best of my
	wledge.
gr	nature:Date:
	Office of the Great Seal
RF	Notary Complaint Division
ıνı	7064 Crowner Blvd.

Lansing, MI 48918